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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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SENATE BILL

No. 816 Session of  
2023

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INTRODUCED BY BOSCOLA, KEARNEY AND STREET, JUNE 23, 2023

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REFERRED TO JUDICIARY, JUNE 23, 2023

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AN ACT

1 Amending Title 20 (Decedents, Estates and Fiduciaries) of the  
2 Pennsylvania Consolidated Statutes, providing for End of Life  
3 Options Act; and imposing penalties.

4 The General Assembly of the Commonwealth of Pennsylvania  
5 hereby enacts as follows:

6 Section 1. Title 20 of the Pennsylvania Consolidated  
7 Statutes is amended by adding a chapter to read:

8 CHAPTER 54B

9 END OF LIFE OPTIONS ACT

10 Sec.

11 54B01. Definitions.

12 54B02. Qualified patient requirements.

13 54B03. Request for medication.

14 54B04. Right and opportunity to rescind request.

15 54B05. Form of written request.

16 54B06. Waiting periods.

17 54B07. Attending provider responsibilities.

18 54B08. Confirmation of terminal illness.

19 54B09. Counseling referral.

- 1 54B10. Family notification.  
2 54B11. Medical record documentation requirements.  
3 54B12. Reporting requirements.  
4 54B13. Effect on construction of wills and contracts.  
5 54B14. Insurance or annuity policies.  
6 54B15. Health care provider participation, notification and  
7 permissible sanctions.  
8 54B16. Claims by governmental entity for costs incurred.  
9 54B17. Construction.  
10 54B18. Immunity.  
11 54B19. Liability.  
12 54B20. Prohibitions and penalties.  
13 § 54B01. Definitions.

14 The following words and phrases when used in this chapter  
15 shall have the meanings given to them in this section unless the  
16 context clearly indicates otherwise:

17 "Attending provider." The provider who has primary  
18 responsibility for the care of a patient with a terminal illness  
19 and treatment of the patient's terminal illness.

20 "Capable." The ability of a patient to make and communicate  
21 informed health care decisions without impaired judgment to  
22 health care providers, including communication through  
23 individuals familiar with the patient's manner of communicating,  
24 as determined by a court or a patient's attending provider,  
25 consulting provider, mental health care professional or clinical  
26 social worker.

27 "Confirmation of terminal illness." A written confirmation  
28 from a consulting provider of a patient's terminal illness.

29 "Consulting provider." A provider who is qualified by  
30 specialty or experience to make a professional diagnosis and

1 prognosis regarding a patient's terminal illness.

2 "Counseling." One or more consultations between a mental  
3 health care provider and a patient for the purpose of  
4 determining if the patient is capable.

5 "Department." The Department of Health of the Commonwealth.

6 "End-of-life medication." A medication determined and  
7 prescribed by an attending provider to a qualified patient,  
8 which the qualified patient may administer to end the qualified  
9 patient's life.

10 "Health care facility." A health care facility as defined in  
11 section 802.1 of the act of July 19, 1979 (P.L.130, No.48),  
12 known as the Health Care Facilities Act.

13 "Health care provider." A person licensed, certified or  
14 otherwise authorized or permitted by the laws of this  
15 Commonwealth to administer health care services or dispense  
16 medication in the ordinary course of business or practice of a  
17 profession.

18 "Informed decision." A decision by a patient to request and  
19 obtain a prescription for end-of-life medication which is based  
20 on an appreciation of the relevant facts after being fully  
21 informed by the attending provider of the information required  
22 under section 54B07 (relating to attending provider  
23 responsibilities).

24 "Long-term care facility." A long-term care nursing facility  
25 as defined in section 802.1 of the Health Care Facilities Act.

26 "Medical confirmation." The confirmation by a consulting  
27 provider who has examined the patient and the patient's relevant  
28 medical records that the patient has a terminal illness, is  
29 capable and is voluntarily making an informed decision.

30 "Mental health care provider." A person who is licensed,

1 certified or otherwise authorized by the laws of this  
2 Commonwealth to administer or provide mental health care in the  
3 ordinary course of business or practice of a profession.

4 "Participate under this chapter." To perform the duties of  
5 an attending provider under section 54B07, the consulting  
6 provider function under section 54B08 (relating to confirmation  
7 of terminal illness) or the consultation function under section  
8 54B09 (relating to counseling referral). The term does not  
9 include:

10 (1) making an initial determination that a patient has a  
11 terminal illness and informing the patient of the medical  
12 prognosis;

13 (2) providing information about end-of-life medication  
14 and related information to a patient upon request;

15 (3) providing, upon the request of the patient, a  
16 referral to another provider; or

17 (4) contracting by a patient with the patient's  
18 attending provider and consulting provider to act outside of  
19 the course and scope of the health care provider's capacity  
20 as an employee or independent contractor of the sanctioning  
21 health care provider.

22 "Patient." An individual who is:

23 (1) eighteen years of age or older; and

24 (2) under the care of an attending provider.

25 "Provider." The following:

26 (1) A doctor of medicine or osteopathy licensed to  
27 practice by the State Board of Medicine or State Board of  
28 Osteopathic Medicine.

29 (2) An advanced practice registered nurse practitioner  
30 licensed to practice by the State Board of Nursing.

1 "Qualified patient." A patient who meets the requirements of  
2 section 54B02 (relating to qualified patient requirements).

3 "Terminal illness." An incurable and irreversible illness  
4 that will, within reasonable medical judgment, produce death  
5 within six months.

6 § 54B02. Qualified patient requirements.

7 To qualify to receive end-of-life medication under this  
8 chapter, a patient must:

9 (1) Have a terminal illness, as determined by an  
10 attending provider and a consulting provider.

11 (2) Be capable of making an informed decision, as  
12 determined under sections 54B07 (relating to attending  
13 provider responsibilities) and 54B08(3) (relating to  
14 confirmation of terminal illness).

15 (3) Be a resident of this Commonwealth.

16 § 54B03. Request for medication.

17 (a) General rule.--A qualified patient may make a request  
18 under subsection (b) for end-of-life medication for the purpose  
19 of ending the qualified patient's life in a compassionate,  
20 humane and dignified manner under this chapter.

21 (b) Request requirements.--In order to receive a  
22 prescription for end-of-life medication, a qualified patient  
23 must:

24 (1) Make an oral request to the attending provider.

25 (2) Except as provided for under section 54B06 (relating  
26 to waiting periods), reiterate the oral request by making a  
27 second oral request to the attending provider no less than 15  
28 days after making the initial oral request.

29 (3) Make a written request to the attending provider in  
30 the form required under section 54B05 (relating to form of

1 written request).

2 § 54B04. Right and opportunity to rescind request.

3 (a) General rule.--A qualified patient may rescind the  
4 request to end the qualified patient's life at any time and in  
5 any manner without regard to mental state.

6 (b) Opportunity required.--At the time a qualified patient  
7 makes the qualified patient's second oral request, the attending  
8 provider must offer the qualified patient an opportunity to  
9 rescind the request.

10 (c) Prohibition.--A prescription for end-of-life medication  
11 under this chapter may not be written without the attending  
12 provider offering the qualified patient an opportunity to  
13 rescind the request.

14 § 54B05. Form of written request.

15 (a) Signature, date and attestation.--A valid request for  
16 end-of-life medication under this chapter shall be in  
17 substantially the form under subsection (e), signed and dated by  
18 the qualified patient and witnessed by at least two individuals  
19 who, in the presence of the qualified patient, attest that to  
20 the best of the witness's knowledge and belief the qualified  
21 patient is capable, acting voluntarily and not being coerced to  
22 sign the request.

23 (b) Witness.--One of the witnesses shall be an individual  
24 who is not:

25 (1) a relative of the qualified patient by blood,  
26 marriage or adoption;

27 (2) someone with whom the qualified patient has had a  
28 significant relationship;

29 (3) an individual who, at the time the request is  
30 signed, would be entitled to a portion of the estate of the

1 qualified patient upon death under a will or by operation of  
2 law; or

3 (4) an owner, operator or employee of a health care  
4 facility where the qualified patient is receiving medical  
5 treatment or is a resident.

6 (c) Prohibition.--The qualified patient's attending  
7 provider, consulting provider or an individual who has conducted  
8 an evaluation of the qualified patient at the time the request  
9 is signed shall not be a witness.

10 (d) Long-term care patient.--If the qualified patient is in  
11 a long-term care facility at the time the written request is  
12 made, one of the witnesses shall be an individual designated by  
13 the long-term care facility and who has the qualifications  
14 required by the department by rule.

15 (e) Form.--A request for end-of-life medication as  
16 authorized under this chapter shall be in substantially the  
17 following form:

18 REQUEST FOR MEDICATION

19 TO END MY LIFE IN A COMPASSIONATE,

20 HUMANE AND DIGNIFIED MANNER

21 I, \_\_\_\_\_, am an adult of sound mind.

22 I am suffering from \_\_\_\_\_, which my  
23 attending provider has determined is a terminal illness and  
24 which has been medically confirmed by a consulting provider.

25 I have been fully informed of my diagnosis and prognosis, the  
26 nature of medication to be prescribed and potential associated  
27 risks, the expected result and the feasible alternatives,  
28 including comfort care, hospice care, palliative care and pain  
29 control.

30 I request that my attending provider prescribe medication

1 that will end my life in a compassionate, humane and dignified  
2 manner.

3 INITIAL ONE:

4 ( ) I have informed my family or significant other of my  
5 decision and have taken their opinions into consideration.

6 ( ) I have decided not to inform my family or  
7 significant other of my decision.

8 ( ) I have no family or significant other to inform of  
9 my decision.

10 I understand that I have the right to rescind this request at  
11 any time.

12 I understand that this request will supersede any provision  
13 of an advance directive in conflict with the provisions of this  
14 request.

15 I understand the full import of this request and I expect to  
16 die when I take the medication to be prescribed. I further  
17 understand that although most deaths occur within three hours,  
18 my death may take longer and my provider has counseled me about  
19 this possibility.

20 I am not being coerced by another individual to make this  
21 decision.

22 I make this request voluntarily and without reservation, and  
23 I accept full moral responsibility for my actions.

24 Signed:

25 Dated:

26 DECLARATION OF WITNESSES

27 We declare that the person signing this request:

28 (a) Is personally known to us or has provided proof of  
29 identity.

30 (b) Signed this request in our presence on the date of



1 the person's signature.

2 (c) Appears to be of sound mind and not under duress,  
3 fraud or undue influence, such as being coerced by another  
4 individual.

5 (d) Is not a patient for whom either of us is an  
6 attending provider.

7 Date:

8 Witness' printed name:

9 Witness' signature:

10 Number and Street:

11 City, State and Zip Code:

12 Date:

13 Witness' printed name:

14 Witness' signature:

15 Number and Street:

16 City, State and Zip Code:

17 NOTE: One witness shall not be a relative by blood, marriage  
18 or adoption of the person signing this request, shall not be  
19 someone with whom the person has a significant relationship,  
20 shall not be entitled to any portion of the person's estate upon  
21 death and shall not own, operate or be employed at a health care  
22 facility where the person is receiving medical treatment or a  
23 resident. If the patient is an inpatient at a long-term care  
24 facility, one of the witnesses shall be a person designated by  
25 the facility.

26 § 54B06. Waiting periods.

27 (a) General rule.--Except as provided under subsection (b),  
28 the following apply:

29 (1) At least 15 days shall elapse between the qualified  
30 patient's initial oral request and the writing of a

1 prescription for end-of-life medication under this chapter.

2 (2) At least 48 hours shall elapse between the qualified  
3 patient's written request and the writing of a prescription  
4 for end-of-life medication under this chapter.

5 (b) Exceptions.--

6 (1) If the qualified patient's attending provider has  
7 determined, and a medical confirmation is received under  
8 section 54B08 (relating to confirmation of terminal illness),  
9 that the qualified patient will, within reasonable medical  
10 judgment, die within 15 days of making the initial oral  
11 request, the qualified patient may reiterate the second oral  
12 request to the attending provider at any time after making  
13 the initial oral request.

14 (2) If the qualified patient's attending provider has  
15 determined, and a medical confirmation is received under  
16 section 54B08, that the qualified patient will, within  
17 reasonable medical judgment, die before the expiration of at  
18 least one of the waiting periods described under subsection  
19 (a), the prescription for end-of-life medication under this  
20 chapter may be written at any time following the later of the  
21 qualified patient's written request or second oral request.

22 § 54B07. Attending provider responsibilities.

23 (a) Responsibilities.--Upon request of a patient, an  
24 attending provider shall:

25 (1) Determine if the patient has a terminal illness, is  
26 capable and has made the request for end-of-life medication  
27 voluntarily.

28 (2) Ensure that the patient is making an informed  
29 decision and inform the patient of:

30 (i) The patient's medical diagnosis.

1           (ii) The patient's prognosis.

2           (iii) The potential risks associated with taking the  
3 end-of-life medication to be prescribed.

4           (iv) The probable result of taking the end-of-life  
5 medication to be prescribed.

6           (v) The feasible alternatives, including, but not  
7 limited to, comfort care, hospice care, palliative care  
8 and pain control.

9           (3) Refer the patient to a consulting provider for  
10 medical confirmation of the diagnosis and for a determination  
11 that the patient is capable and acting voluntarily.

12           (4) Refer the patient for counseling, if appropriate,  
13 under section 54B09 (relating to counseling referral).

14           (5) Recommend the patient notify next of kin or someone  
15 with whom the patient has a significant relationship.

16           (6) Counsel the patient about the importance of:

17           (i) having another individual present when the  
18 patient takes the end-of-life medication prescribed under  
19 this chapter; and

20           (ii) not taking the end-of-life medication in a  
21 public place.

22           (7) Inform the patient that the patient has an  
23 opportunity to rescind the request at any time and in any  
24 manner under section 54B04 (relating to right and opportunity  
25 to rescind request) and offer the patient an opportunity to  
26 rescind at the end of the 15-day waiting period or at the  
27 time the patient makes the patient's second oral request  
28 under section 54B06 (relating to waiting periods).

29           (8) Immediately prior to writing a prescription for end-  
30 of-life medication under this chapter, verify the patient is

1 making an informed decision.

2 (9) Fulfill the medical record documentation  
3 requirements under section 54B11 (relating to medical record  
4 documentation requirements).

5 (10) If the patient fulfills all the requirements under  
6 this chapter, approve the qualified patient's request to  
7 receive end-of-life medication.

8 (11) (i) Dispense end-of-life medications directly,  
9 including ancillary medications intended to facilitate  
10 the desired effect to minimize the qualified patient's  
11 discomfort if the attending provider is authorized to  
12 prescribe medications in this Commonwealth, has a current  
13 Drug Enforcement Administration certificate and complies  
14 with applicable administrative rules; or

15 (ii) with the qualified patient's written consent:

16 (A) contact a pharmacist and inform the  
17 pharmacist of the prescription; and

18 (B) deliver the written prescription personally,  
19 electronically, by facsimile or by mail to the  
20 pharmacist, who shall dispense the end-of-life  
21 medications to the qualified patient, the attending  
22 provider or an expressly identified agent of the  
23 qualified patient.

24 (b) Death certificate.--Notwithstanding any other provision  
25 of law, the attending provider may sign the qualified patient's  
26 death certificate.

27 § 54B08. Confirmation of terminal illness.

28 A confirmation of terminal illness must be received before a  
29 patient is determined to be a qualified patient under this  
30 chapter. The consulting provider performing the confirmation of

1 terminal illness shall physically examine a patient requesting  
2 end-of-life medication under section 54B03 (relating to request  
3 for medication) and the patient's relevant medical records to  
4 confirm the attending provider's diagnosis that the patient is  
5 suffering from a terminal illness. The consulting provider must  
6 also verify the patient is:

7 (1) Capable.

8 (2) Acting voluntarily.

9 (3) Making an informed decision.

10 § 54B09. Counseling referral.

11 If the opinion of the attending provider or the consulting  
12 provider is that the patient may not be capable, at the time a  
13 written request is made under section 54B03 (relating to request  
14 for medication), either the attending provider or consulting  
15 provider shall refer the patient to a mental health care  
16 provider for counseling. End-of-life medication may not be  
17 prescribed until the mental health care provider performing the  
18 counseling determines that the patient is capable and able to  
19 make a voluntary informed decision without impaired judgment.

20 § 54B10. Family notification.

21 The attending provider must recommend that the qualified  
22 patient notify the next of kin or an individual with whom the  
23 qualified patient has a significant relationship of the  
24 qualified patient's request for end-of-life medication under  
25 this chapter. An attending provider may not deny a request for  
26 end-of-life medication solely because a qualified patient  
27 declines or is unable to notify the next of kin or an individual  
28 with whom the qualified patient has a significant relationship.

29 § 54B11. Medical record documentation requirements.

30 The following shall be documented or filed in the qualified

1 patient's medical record:

2 (1) All oral requests by a qualified patient for end-of-  
3 life medication.

4 (2) All written requests by a qualified patient for end-  
5 of-life medication.

6 (3) The attending provider's diagnosis of terminal  
7 illness and determination that the qualified patient is  
8 capable, acting voluntarily and making an informed decision.

9 (4) All medical confirmations of terminal illness.

10 (5) Documentation that the qualified patient is capable  
11 and acting voluntarily and has made an informed decision.

12 (6) A report of the outcome and determinations made  
13 during counseling.

14 (7) A certification of the imminence of the qualified  
15 patient's death.

16 (8) Documentation of the attending provider's offer to  
17 the qualified patient to rescind the qualified patient's  
18 request at the time of the qualified patient's second oral  
19 request under section 54B03 (relating to request for  
20 medication).

21 (9) Documentation by the attending provider that the  
22 requirements under this chapter have been met and the steps  
23 taken to carry out the request, including a notation of the  
24 end-of-life medication prescribed.

25 § 54B12. Reporting requirements.

26 (a) Review and rulemaking.--The department shall:

27 (1) Annually review a sample of records maintained under  
28 this chapter.

29 (2) Require a health care provider to file a copy of the  
30 prescription or the dispensing record with the department

1 upon writing the prescription or dispensing end-of-life  
2 medication under this chapter.

3 (3) Promulgate rules to facilitate the collection of  
4 information regarding compliance with this chapter.

5 (b) Records.--Except as otherwise provided by law, the  
6 information collected is not a public record and may not be made  
7 available for inspection by the public.

8 (c) Report.--The department shall generate and make  
9 available to the public, to the extent doing so would not be  
10 reasonably expected to violate the privacy of any person, an  
11 annual statistical report of information collected under  
12 subsection (b).

13 § 54B13. Effect on construction of wills and contracts.

14 (a) Effect on existing agreements.--No provision in a  
15 contract, will or other agreement, whether written or oral,  
16 shall be valid to the extent that the provision would condition  
17 or restrict an individual's decision to make or rescind a  
18 request for end-of-life medication.

19 (b) Obligations under an existing contract.--No obligation  
20 under an existing contract shall be affected by an individual's  
21 making or rescinding of a request for end-of-life medication.

22 § 54B14. Insurance or annuity policies.

23 The sale, procurement or issuance of a life, health or  
24 accident insurance or annuity policy or the rate charged for a  
25 policy shall not be conditioned upon or affected by the making  
26 or rescinding of a request, by a qualified patient, for end-of-  
27 life medication. A qualified patient's act of ingesting end-of-  
28 life medication may not have an effect upon a life, health or  
29 accident insurance or an annuity policy.

30 § 54B15. Health care provider participation, notification and

1           permissible sanctions.

2       (a) Participation not required.--No health care provider may  
3 be under any duty, whether by contract, statute or other legal  
4 requirement, to prescribe or administer end-of-life medication  
5 to a qualified patient. If a health care provider is unable or  
6 unwilling to carry out a qualified patient's request under this  
7 chapter and the qualified patient transfers care to another  
8 health care provider, the prior health care provider shall  
9 transfer, upon request, a copy of the qualified patient's  
10 relevant medical records to the new health care provider.

11       (b) Prohibiting participation.--Notwithstanding any other  
12 provision of law, a health care facility may prohibit a health  
13 care provider from participating under this chapter if the  
14 prohibiting health care facility has notified the health care  
15 provider of the prohibiting health care facility's policy  
16 regarding participation under this chapter. Nothing in this  
17 subsection prevents a health care provider from providing health  
18 care services to a patient that does not constitute  
19 participation under this chapter.

20       (c) Notification requirement.--A health care facility shall  
21 give notice of the policy prohibiting participation under this  
22 chapter. A health care facility that fails to provide notice  
23 prohibiting participation under this chapter may not enforce  
24 sanctions against a health care provider under subsection (d).

25       (d) Sanctions.--Notwithstanding subsection (a) or section  
26 54B18 (relating to immunity), a health care facility may subject  
27 a health care provider to the sanctions under this subsection if  
28 notification was provided as required under subsection (c). The  
29 available sanctions shall include:

30           (1) Loss of privileges, loss of membership or other



1 sanctions provided under the medical staff bylaws, policies  
2 and procedures if the health care provider is a member of the  
3 health care facility's medical staff and participates under  
4 this chapter while on the premises, which shall not include  
5 the private medical office of a provider or other health care  
6 provider.

7 (2) Termination of lease or other property contract or  
8 other nonmonetary remedies provided by lease contract, not  
9 including loss or restriction of medical staff privileges or  
10 exclusion from the health care facility panel, if the health  
11 care provider participates under this chapter while on the  
12 premises of or on property that is owned by or under the  
13 direct control of the health care facility.

14 (3) Termination of contract or other nonmonetary  
15 remedies provided by contract if the health care provider  
16 participates under this chapter while acting in the course  
17 and scope of the health care provider's capacity as an  
18 employee or independent contractor of the health care  
19 facility. Nothing in this paragraph may be construed to  
20 prevent:

21 (i) a health care provider from participating under  
22 this chapter while acting outside the course and scope of  
23 the health care provider's capacity as an employee or  
24 independent contractor; or

25 (ii) a patient from contracting with the patient's  
26 attending provider and consulting provider to act outside  
27 the course and scope of the health care provider's  
28 capacity as an employee or independent contractor of the  
29 health care facility.

30 (e) Due process.--A health care facility that imposes

1 sanctions under subsection (d) shall follow all due process and  
2 other procedures the health care facility may have that are  
3 related to the imposition of sanctions on a health care  
4 provider.

5 (f) Unprofessional or dishonorable conduct reports.--  
6 Authorized action taken under section 54B05 (relating to form of  
7 written request), 54B07 (relating to attending provider  
8 responsibilities), 54B08 (relating to confirmation of terminal  
9 illness) or 54B09 (relating to counseling referral) may not be  
10 the sole basis for a report of unprofessional or dishonorable  
11 conduct to the State Board of Medicine or the State Board of  
12 Osteopathic Medicine.

13 (g) Standard of care.--No provision of this chapter may be  
14 construed to allow a lower standard of care for patients in the  
15 community where the patient is treated or a similar community.

16 (h) Definition.--As used in this section, the term "notify"  
17 means a separate written statement to the health care provider  
18 which sanctions its participation in activities covered by this  
19 chapter before the participation occurs.

20 § 54B16. Claims by governmental entity for costs incurred.

21 A governmental entity that incurs costs resulting from a  
22 qualified patient ending the qualified patient's life under this  
23 chapter in a public place shall have a claim against the estate  
24 of the individual to recover costs and reasonable attorney fees  
25 related to enforcing the claim.

26 § 54B17. Construction.

27 Nothing under this chapter may be construed to authorize a  
28 provider or any other individual to end a patient's life by  
29 lethal injection, mercy killing or active euthanasia. Actions  
30 taken in accordance with this chapter shall not constitute

1 suicide, assisted suicide, mercy killing or homicide under the  
2 law.

3 § 54B18. Immunity.

4 Except as provided in section 54B19 (relating to liability):

5 (1) An individual may not be subject to civil or  
6 criminal liability or professional disciplinary action for  
7 participating in good faith compliance with this chapter.  
8 This includes being present when a qualified patient takes  
9 the prescribed end-of-life medication.

10 (2) A professional organization or association, health  
11 care facility or health care provider may not subject an  
12 individual to censure, discipline, suspension, loss of  
13 license, loss of privileges, loss of membership or other  
14 penalty for participating in good faith or refusing to  
15 participate under this chapter.

16 (3) A request by a patient for or provision by an  
17 attending provider of end-of-life medication in good faith  
18 compliance with this chapter does not constitute negligence  
19 for any purpose of law or provide the sole basis for the  
20 appointment of a guardian or conservator.

21 § 54B19. Liability.

22 (a) Mishandling instrument.--An individual who, without  
23 authorization of the patient, willfully alters or forges a  
24 request for end-of-life medication or conceals or destroys a  
25 rescission of that request with the intent or effect of causing  
26 the patient's death shall not be immune from criminal liability  
27 under section 54B18 (relating to immunity).

28 (b) Undue influence.--An individual, including an attending  
29 provider, who coerces or exerts undue influence on a patient to  
30 request end-of-life medication for the purpose of ending the

1 patient's life or to destroy a rescission of a request shall not  
2 be immune from criminal liability under section 54B18.

3 (c) Civil damages.--Nothing under this chapter limits  
4 liability for civil damages resulting from negligent or  
5 intentional misconduct or coercion by an individual, including  
6 an attending provider.

7 § 54B20. Prohibitions and penalties.

8 (a) Intent to hasten death.--An individual who, without  
9 authorization of the patient willfully alters, forges, conceals  
10 or destroys an instrument, the reinstatement or revocation of an  
11 instrument or any other evidence or document reflecting the  
12 patient's desires and interests with the intent and effect of  
13 causing a withholding or withdrawal of life-sustaining  
14 procedures or of artificially administered nutrition and  
15 hydration which hastens the death of the patient commits a  
16 felony of the first degree.

17 (b) Intent to affect health care decision.--Except as  
18 provided in subsection (a), an individual who, without  
19 authorization of the patient, willfully alters, forges, conceals  
20 or destroys an instrument, the reinstatement or revocation of an  
21 instrument or any other evidence or document reflecting the  
22 patient's desires and interests with the intent or effect of  
23 affecting a health care decision commits a misdemeanor of the  
24 first degree.

25 Section 2. This act shall take effect in 120 days.